Approved for use through 07/31/2006 OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE n Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **Application Number** 09/819,696 TRANSM Filing Date March 29, 2001 **FORM** First Named Inventor CACI, JOSEPH CLAUDE Art Unit 2615 (to be used for all correspondence after initial filing)

		Examiner Name	T. HO
Total Numbe	r of Pages in This Submission	Attorney Docket Number	T3707-908215
		ENCLOSURES (check all tha	et apply)
Fee Transmittal Form  Fee Attached  Amendment / Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority  Document(s)  Reply to Missing Parts/  Incomplete Application  Reply to Missing Parts  under 37 CFR 1.52 or 1.53		Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s)	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Application Data Sheet Issue Fee – Part B – Fee(s) Transmittal Other Enclosure(s) (please identify below):
		required or credit any	er is hereby authorized to charge any additional fees overpayments to Deposit Account No. 50-1165 ne above identified docket number.
	S	IGNATURE OF APPLICANT, ATTORN	NEY, OR AGENT
Firm Name	Custon	ner No. 000181	
Signature	2~	Tal	
Printed Name	James '	T. Carmichael, Reg. No. 45,306	
Date	March	8, 2005	
		CERTIFICATE OF MAILING OR TR	ANSMISSION
addressed to: Ma			e with sufficient postage for first class mail in an envelope rginia 22313-1450, or being facsimile transmitted to the USPTO
Signature:			
Name:		Date	,

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITT  FOR FY 2005  For FY 2005  Patent fee are subject to annual resistor  Applicated claims small entity stants. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  Standard March 29, 2001  Attorney Docket No. T3707-908215  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit account Number: 50-1165 Deposit Account Name: Miles & Stockbridge P.C.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  WARNING: Information on the form may become public. Credit card information about not be tendeded on this form. Provide credit card information and subbritation of PTO-2088.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  Small Entity  Application Type  Ee (S) Fee (S)		Effective on 12		/II D 4010\	Application	on Number	09/819,696	
FOR FY 2005  Patent fees are subject to annual revision  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50-1165 Deposit Account Name: Miles & Stockbridge P.C.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Credit and Count Number: 50-1165 Deposit Account Name: Miles & Stockbridge P.C.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling	•			<u> </u>	Filing Dat	te	March 29, 2	2001
Application Type    Registration Type			2005	<b>3</b> .	<b>%</b> \	ed Inventor	CACI, JOS	EPH CLAUDE
Anplication Type   Fee (S)   Fee (			annual revision.	18 B 844	ms Examiner	Name	т. но	
METHOD OF PAYMENT   \$180.00   Taylor-908215    METHOD OF PAYMENT (check all that apply)    Check	Applicant claims small en	itity status. See	37 CFR 1.27	Mu.	Art Unit	<del></del>	2615	
METHOD OF PAYMENT (check all that apply)    Check				b.	Attorney I	Docket No.	T3707-9082	215
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50-1165 Deposit Account Name: Miles & Stockbridge P.C.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below. Charge fee(s) indicated below. except for the filling fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  SEARCH FEES  Small Entity  Application Type  Fee (S)  Fee				THAD		<del></del>	<del></del>	
Deposit Account Deposit Account Number: 50-1 165 Deposit Account Name: Miles & Stockbridge P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Charge any additional fee(s) or underpayments of fee(s)   Charge fee(s) indicated below, except for the filling fee   Charge fee(s)	METHOD OF PAYM	<b>IENT</b> (che	ck all that appl	v)				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments   Credit any overp	Check Cred	it Card	Money Ord	er No	one Oth	er (please i	dentify):	
Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on FT0-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (S) Fee	Deposit Account	Deposit Ac	count Number: 5	0-1165 De	posit Account N	Name: Miles	& Stockbridge	P.C.
Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments	For the above-ident	ified deposit	account, the Dir	ector is her	eby authorized	d to: (check	all that apply)	
MARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION	Charge fee(s)	) indicated b	elow		Ch	arge fee(s) i	ndicated belo	w, except for the filing fee
### FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES   FILING FEES   SEARCH FEES   Small Entity	Charge any a	dditional fee	e(s) or underpayr	nents of fee	e(s) 🔀 Cro	edit any over	payments	
Registration   Page			become public. Cr	edit card info	rmation should i	not be included	on this form. F	rovide credit card information
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Design   200   150   500   250   200   100   100   Design   200   100   100   50   130   65	Application Type	_				Fee (\$)		-
Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Each independent claims  Fee (\$) Fee (\$) 50 25  Each independent claims  Each relative Fee (\$) 50 25  Each independent claims  Fee (\$) Fee Paid (\$) 360 180  Multiple dependent claims  Total Claims  Fee (\$) Fee Paid (\$) 50 180  Multiple Dependent Claims  Fee (\$) Fee Paid (\$) 50 50 50  HP = highest number of independent claims paid for, if greater than 20.  Indep. Claims  Fee (\$) Fee Paid (\$) 50 50 50  Indep. Claims  Fee (\$) Fee Paid (\$) 50 50 50  Fee Paid (\$) 50 50  F		300	150	500	250	200	100	
Reissue   300   150   500   250   600   300	Design	200	100	100	50	130	65	
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	200	100	300	150	160	80	
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Bach independent claims  Total Claims	Reissue	300	150	500	250	600	300	
Fee (S)   Fee (S)   Fee (S)   Fee (S)   Fee (S)   Fee (S)   Each claim over 20 (including Reissues)   200   100   100   Multiple dependent claims   360   180	Provisional	200	100	0	0	0	· <b>O</b>	
Fee   S   S   S   S   S   S   S   S   S	2. EXCESS CLAIM FE	EES			•		S	Small Entity
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  - 3 or HP =	Fee Description						_	· <del></del>
Multiple dependent claims  Total Claims  Extra Claims  Pee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 20.  Indep. Claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Littra Sheets  Number of each additional 50 or fraction thereof fee (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): IDS fee  Registration No. 45,306  Registration No. 45,306  Taleshore (703) 903-9000		ncluding Rei	ssues)					·
Multiple dependent claims  Total Claims  Extra Claims  Pee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 20.  Indep. Claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Littra Sheets  Number of each additional 50 or fraction thereof fee (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): IDS fee  Registration No. 45,306  Registration No. 45,306  Taleshore (703) 903-9000	Each independent clai	m over 3 (in	cluding Reissues	3)			200	100
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3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Cround up to a whole number) x  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): IDS fee  Registration No. 45,306  Talcabase (703) 903-9000				_=				
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under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets								
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Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)					125 for small e	entity) for each	ch additional:	50 sheets or fraction
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4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): IDS fee  SUBMITTED BY  Registration No. 45,306  Telephone (703) 903-9000								<u>S) Fee Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): IDS fee   SUBMITTED BY  Registration No. 45,306  Registration No. 45,306  Telephone (703) 903-9000		<del></del>	/ 30 –	(rc	und up to a W	noie number	, x	Fee Paid (\$)
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Registration No. 45,306 Telephone (703) 903-9000	SUBMITTED BY	<u> </u>	<u> </u>				Complete (if an	plicable)
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patern of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(Attorney/Agent)

James T. Carmichael

Name (Print/Type)

Date

March 8, 2005



In re Patent Application for:

First Named Inventor: CACI, JOSEPH CLAUDE

Art Unit: 2615

Appln. No.: 09/819,696

Examiner: T. HO

For: SYSTEM AND METHOD FOR GENERATING DIGITAL DATA AND

PROCESSING IN A MEMORY

**Confirmation No.: 3391** 

## INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. §1.56, Applicant hereby submits the following information in conformance with 37 C.F.R. §§ 1.97 and 1.98.

A check in the amount of \$180 is being submitted to comply with the provisions of 37 C.F.R. § 1.97(c).

A copy of the non-patent item listed in the attached should be available in parent application file 08/911,600, now U.S. Patent No. 6,348,946.

It is requested that the accompanying Information Disclosure Statement be considered and made of record in the above-captioned application. To assist the Examiner, the documents are listed on the attached PTO/SB/08A. It is respectfully requested that an Examiner initialed copy of this form be returned to the undersigned.

The Commissioner is hereby authorized to charge fees which may be required now or hereafter, or credit any overpayment, to Deposit Account No. 50-1165 (T3707-908215).

Respectfully submitted,

Date: March 8, 2005

Reg. No. 45,306

Miles & Stockbridge, P.C. 1751 Pinnacle Drive Suite 500 McLean, Virginia 22102-3833 (703) 903-9000

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Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT

Complete it Known **Application Number** 09/819,696 Filing Date March 29, 2001 First Named Inventor CACI, JOSEPH CLAUDE **Art Unit** 2615 **Examiner Name** T. HO

(use as many sheets as necessary)

2 Sheet of

**Attorney Docket Number** T3707-908215

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No. 1	U.S. Patent Document  Kind Code <sup>2</sup> Number (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
		6,348,946	02-19-2002	Caci		
		5,534,945	07-09-1996	Edgar		
		5,822,464	10-13-1998	Melcalfe		
		4,654,877	03-31-1987	Shimoni et al.		
		5,465,118	11-07-1995	Hancock		
		4,546,383	10-08-1985	Abramatic et al.		
		5,923,380	07-13-1999	Yang et al.		
		5,371,533	12-06-1994	Lewins		
		5,926,280	07-20-1999	Yamagishi et al.		
		5,847,715	12-08-1998	Fajita et al.		
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Examiner Cite No. 1	Foreign Patent Document				Name of Patentee or	Pages, Columns, Lines, Where	
	Office <sup>3</sup>	Number4	Kind Code 5 (if known)	Publication Date MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant Figures Appear	Le
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Examiner	Date	
Signature	Considered	

<sup>\*</sup> EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number. 2 See attached Kinds of U.S. Patent Documents. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard St.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.97 and 1.98. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**Attorney Docket Number** 

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Sheet

Examiner Signature

Complete it Known

Application Number 09/819,696

Filing Date March 29, 2001

First Named Inventor CACI, JOSEPH CLAUDE

Art Unit 2615

Examiner Name T. HO

T3707-908215

OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>		
		The Foundations of Computer Architecture and Organization, Tomk, Iran, 1990; W.H. Freeman and Company Publisher, Sections 6.7 and 6.8; p. 225-232 and p. 241-246.			
:					

<sup>\*</sup> EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Date

Considered

¹ Unique citation designation number. ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard St.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.97 and 1.98. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.